

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Students for Education Reform (SFER) Action Network, Opposing Jackie Goldberg for LAUSD School Board 2019, sponsored by SFER Action Network, Inc.			<b>Date of This Filing</b> 05/09/2019	Date Stamp   Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (347)466-2293	<b>I.D. NUMBER</b> (if applicable) 1368259	<b>Report No.</b> 957450-BJ			
<b>STREET ADDRESS</b>  					
<b>CITY</b> New York	<b>STATE</b> NY	<b>ZIP CODE</b> 10038	<b>Amendment to Report No.</b> 001 (explain below)		
			<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/28/2019	SFER Action Network, Inc. (Nonprofit 501(c)4) New York, NY 10018  ID# 1416015	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$28,775.85
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

Update Contribution Amount

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AREA CODE/PHONE NUMBER  
(347)466-2293

I.D. NUMBER (if applicable)  
1368259

STREET ADDRESS

CITY  
New York

STATE  
NY

ZIP CODE  
10038

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☒ Amendment to Report No. 001  
(explain below)

No. of Pages 2

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Page 2 of 2

**CALIFORNIA FORM 497**

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Update Contribution Amount